



UTILITY PATENT APPLICATION

TRANSMITTAL

provisional applications under 37 CFR 1.53(b))

Attorney Docket No.

B45069-1

First Named Inventor or Application Identifier

Jean-Francois Lucien Maisonneuve

MAIL CERTIFICATE

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I hereby certify that this paper or fee and the papers indicated as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date and with the Mailing Label Number indicated above and addressed to: The Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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(TYPE OR PRINT) Susan CainSIGNATURE Jean-Francois Lucien MaisonneuveJC690 U.S. PTO
09/07/00

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		7. <input checked="" type="checkbox"/> The Title of the Invention: Vaccines
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <u>19-2570</u> <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>		8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))
2. <input checked="" type="checkbox"/> The total fee is calculated as shown below: Basic Filing fee \$690.00 Total Claims 17 - 20 = 0 x \$18 \$ 0.00 Independent Claims 2 - 3 = 0 x \$78 \$ 0.00 <input checked="" type="checkbox"/> Multiple Dependent Claim present. \$260 \$260.00 TOTAL FILING FEE \$950.00 <input type="checkbox"/> Cancel in this application original claims _to _ of the prior application before calculating the filing fee. <input checked="" type="checkbox"/> Charge <u>\$950.00</u> to the above indicated Deposit Account.		9. <input checked="" type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) b. <input checked="" type="checkbox"/> PTO-1449 c. <input checked="" type="checkbox"/> Copies of all IDS Citations
3. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] 42		10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] _____		11. <input checked="" type="checkbox"/> Prior Application is Assigned to: <u>SmithKline Beecham Biologicals, sa</u> <i>(for continuation/divisional with Box 17a completed)</i>
5. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] 3 a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17a completed)</i> c. <input checked="" type="checkbox"/> Unsigned Declaration <i>[Note Box 6 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		12. <input type="checkbox"/> Preliminary Amendment [Total Pages] 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
6. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 5b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. _____ filed _____ A PTO-1449 listing the references is enclosed. 16. <input type="checkbox"/> Other: _____

17. <input checked="" type="checkbox"/> Priority Information, check appropriate box and supply the requisite information
a. The accompanying application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 08/930,729 filed March 19, 1998 and application No. 09/331,533 filed June 23, 1999.
b. <input type="checkbox"/> Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications: Application No. _____ filed _____
c. <input type="checkbox"/> Please amend the specification by inserting before the first line the sentence: (37 CFR 1.78) This is a continuation/divisional of application Serial No. _____ filed _____.

18. CORRESPONDENCE ADDRESS Address SMITHKLINE BEECHAM CORPORATION Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939	19. RESPECTFULLY SUBMITTED, Signature _____ Name _____ Zoltan Kerekes
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